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NOTICE.

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St. Bartholomew's Hospital Journal,

FEBRUARY 14th, 1894.

"Æquam memento rebus in arduis
Servare mentem."—*Horace,* Book ii., Ode iii.

THE terms of the Report of the Royal Commission on the University question for London are, we understand, now definitely settled, and if not yet already public, will very shortly be open to all. The Commissioners, it is stated, unanimously recommend that there shall be one University in London, and advise certain modifications of the existing University as seem to them to meet the present requirements of University education and examination. The object of these modifications is to convert the present examining body into a teaching University by bringing it into closer relations with existing teaching institutions of University rank, *i.e.*, with the Colleges and the Medical Schools. There can be no question that if it be possible to make the degrees of the present University reasonably accessible to students, and at the same time maintain the high character and standard of the examinations, it would be far preferable to have *one* University in London rather than two. It remains to be seen to what extent the proposals of the Commissioners will effect this, and in what way they propose to meet the educational wants of London. It is, however, rumoured that in the main the Report approves of the general outlines of the scheme of the Senate of the University of London, which was rejected by a large majority by Convocation in May, 1891. This scheme proposed to constitute University and King's Colleges as Colleges in the University, in all faculties, and the Medical Schools as Colleges in the faculty of medicine. There were to be "faculties" of arts, laws, science, and medicine, and in each faculty the scheme proposed that there should be a "Board of Studies" formed of representatives of the faculty, of Convocation, and of examiners in the subjects of the faculty.

The Senate was to consist of representatives of Convocation, of the Faculties, of the Royal Colleges of Physicians and Surgeons, and of certain Colleges in London and the provinces, and there were to be "standing committees" of the Senate for the various London and provincial faculties. In addition to power being given to certain constituent Colleges in arts and science to conduct their own matriculation examination, it was proposed that the University should have power to enter into arrangements with the Royal Colleges of Physicians and Surgeons to hold certain parts of the final medical examinations conjointly.

Such is the outline of the scheme rejected three years ago, and it is understood that the scheme now submitted by the Royal Commission proposes to establish a Senate of sixty-six members, appointed by various existing institutions supposed to have interests in relation to University teaching. It is proposed also that there shall be an "Academic Council,"—on which the representatives of medicine are singularly few,—Faculties and Boards of Studies. We will, however, withhold any further comments until the details of the scheme are before us.

ALTHOUGH there has not been any formal meeting of the various clubs, yet after consulting those of our readers who are best able to give an opinion on the question of the abolition of the "time limit," introduced by our contemporary, *The Guy's Hospital Gazette,* the conclusion we come to is to strenuously support the present system. The principal objections to abolishing a limit are, in the first place, that past men of special excellence would be brought

together to play in the cup ties, and so prevent deserving men amongst the present students who have played throughout the season, from taking part in *the* most important matches of the year. With all due deference to our contemporary, we think this a very important objection to the proposal to abolish the time limit. Secondly, the inducements for men to play regularly for their Hospital would, we think, be diminished, and thus some who might with education have become good players, would be lost. Thirdly, with the abolition of the time limit, there would each year be fewer places vacant in the cup tie teams, and thus the growth of many ambitious embryo players would be thwarted. For these reasons we think a limit absolutely necessary, and further, we see no reason for altering the present regulations, which, on the whole, could not be improved upon. Our columns are open for a correspondence on this subject.

Treatment of Infantile Diarrhœa.

By Edmund Cautley, M.D.,

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LIMITING the subject as far as possible to the boundaries indicated by the heading, it becomes at once essential to find a suitable base from which to commence operations. Usually treatment is empirical or rational, occasionally a mixture of the two forms. The purely rational side can only be discussed by entering into details of the minute as well as the general pathological conditions which give rise to this very common affection of children. The empirical mode of treatment is saved from the gross defects of pure empiricism by having a certain rational basis, namely the character of the stools. We must take into consideration also the chief common causes.

In infants at the breast there are two main causes. The first of these is too rich mother's milk, giving rise to masses of curd which act as irritants to the gastro-intestinal tract. The second is sudden change of temperature from heat to cold, or exposure to cold, independent of any suddenness in the exposure. Just as in adults, exposure to wet and cold may bring on an attack of acute diarrhœa, so in infants a similar effect is produced, and naturally much more readily. The custom of dressing babies prettily, as the mother calls it, having arms and legs partially or totally bare, and often, too, the neck and upper part of the chest, cannot be too strongly deprecated. Even careless exposure after the bath is sufficient to induce an attack.

In hand-reared children bad feeding is more common and more potent still. Supposing the child is brought up entirely on the bottle, diluted cow's milk alone being given, it is exposed to many dangers. The bottle may not be kept properly clean and sweet, and in this respect those with long india-rubber tubes are more liable to be at fault than the old-fashioned boat-shaped ones with only a nipple The milk may not be sufficiently diluted; the general tendency is to give it too rich rather than too poor. Again, the food may not be fresh, may have undergone some fermentative change. In some nurseries the food for the twenty-four hours is prepared all at the same time, and needless to say, even though boiled, it will not remain sweet all that time, especially in summer. Children, too, are often overfed, the bottle being considered a specific for lachrymation and given accordingly, instead of only given every two to three hours, by the clock. An interval should always be allowed from 11 p.m. to 4 a.m., in order to permit of the child's stomach having a period of rest during the twenty-four hours.

Various articles of food are added when the child is much too young to digest them properly, such as Tops and Bottoms, Robb's Biscuits, Mellin's Food, &c.; many of these are very useful when given at a suitable age, but few children can take them with impunity before the age of seven months. Lastly, all febrile conditions, no matter what they are due to, may cause diarrhœa. Many children are said to cut their teeth with diarrhœa; this is not due directly to the teething, but to the febrile condition consequent on it. The varieties of stools may be grouped as follows, and with each kind the medicinal treatment is given.

I. Motions "green as grass" and very offensive. The colour is due to altered bile, and the reaction is acid. The cause is almost certainly fermentative change in the food swallowed. Alkali is the most efficient drug, and may be given thus, every six hours:—

Sodæ bicarb., gr. ij.
Spirit. Ammon. Aromat., ♏ij.
Aquæ Carui. vel Anethi. ad. ℥i.

II. Motions containing whitish masses of curdled milk The cause here is evidently milk too rich for digestion. Give Oleum Ricini ℥ss at once, and every six hours:—

Ol. Ricini, ♏ij.
Mucilaginis, ♏x.
Aq. Menth. Pip. ad. ℥i.

III. Motions loose, yellow, and generally offensive. Most commonly dependent on catarrhal conditions:—

Give—Bismuthi Subnitrat., gr. iii.
Pulv. Tragacanth co., gr. ii.
Spirit. Chloroformi, ♏ii.
Aquæ Anethi. ad. ℥i. Sextis horis.

IV. Motions containing mucus and possibly blood; often accompanied by straining and tenesmus. Give the same mixture as in the last group, and in addition half a grain of grey powder every night.

Such is the general medicinal treatment I have found successful in a very large number of out-patients, which I have treated mainly in accordance with the character of the stools.

In all cases it is advisable to give half a teaspoonful of castor oil, as a preliminary, in order to clear any irritants out of the alimentary tract. Of course a great deal of elasticity must prevail in the treatment, no hard and fast reliance on one line of dosing will succeed. Where bismuth is ineffectual, small doses of castor oil may succeed, and *vice versâ*. The alkaline treatment is rarely successful, save in the first type of case; it may fail in this and be replaced with advantage by the oil or bismuth. Many cases are not relieved by any of these means, but are cured rapidly by the addition of half a minim of tincture of opium to each dose. Opium must be given to infants with care; still I have never seen any evil effect from doses not exceeding a minim every six hours.

I have been surprised at the extreme rarity with which astringents are required or are beneficial. In severe watery diarrhœa logwood and opium or catechu and chalk are sometimes beneficial, but it is very rare for such cases not to yield to one of the other forms of treatment.

I must refer momentarily to English cholera, a very acute and very fatal form of diarrhœa in young children during the summer months. It is due to some infective organism contaminating the air or water or milk. Its treatment is rather outside the scope of the present paper. Finally we come to the general treatment, suitable to all cases.

The child must be kept thoroughly clothed. No bare arms or legs allowed. A flannel binder round the abdomen is beneficial if not too thick or too tightly applied. Above all in bad cases the child's temperature must be maintained and exposure to cold avoided.

Careful regulation of diet is absolutely essential. Everything must be given iced, cold or tepid. Milk must be well diluted with water or barley water, and both thoroughly boiled. If milk is contra-indicated, koumiss or whey may be tried. Nestle's condensed milk is very useful as a temporary substitute. In very severe cases, especially if associated with vomiting, white wine whey in small frequent doses may tide the patient over the worst of the attack. Concentrated foods, like raw meat juice or yelk of egg, may be retained when given in small quantities. Weak arrowroot and barley water alone can often be taken when nothing else is retained. Brandy is frequently essential, and may be given in doses from three to thirty minims every hour, according to the age of the patient and the severity of the case. Never limit the amount of water; let the child take as much as it likes.

In conclusion, let me remind you that no case is hopeless, and that even when at apparently the last gasp the patient may take a turn for the better and recover. Let me remind you also that no cases test the tact and resource of the physician as much as these, and in few does the physician feel that, as far as human aid can deserve credit, the patients recovery has been due to his skilful management.

A Few Notes on the Diplococcus Pneumoniæ (Pneumococcus) and its Relation to Cerebro-spinal Meningitis.

By A. A. KANTHACK, M.D., M.R.C.P.

FRÄNKEL and Weichselbaum were the first to prove that in the great majority of cases of fibrinous or caseous pneumonia a specific coccus is found, the pneumoccocus, which occurs in pneumonic sputum or in the diseased lung as an encapsuled diplococcus, or in short chains of four or five individuals enclosed in a capsule. Weichselbaum found the same organism in a series of conditions which often appear as complications in pneumonia, *e.g.*, pleurisy, pericarditis, meningitis, &c. Since then the same coccus has been obtained in other affections which arise independently of pneumonia, *e.g.*, otitis media purulenta, cerebro-spinal meningitis, and ulcerative or infective endocarditis. We see, therefore, that the pneumococcus occurs in many very dissimilar morbid lesions, producing equally dissimilar changes, in some a fibrinous inflammation, as in pneumonia, in others pus, as in meningitis and otitis, and in others solid growths as in infective endocarditis. Soon it was shown that this pneumococcus is extremely variable in its biological, morphological, and physiological characters; so that at present we possess at least some thirty varieties, differing from each other in their growth on broth, gelatine, agar-agar, and milk, and also in their virulence towards the animal body. Kruse and Pansini have recently written a valuable paper on the subject, in which they give a clear account of the varieties and variability of the pneumococcus. It is quite clear now that the latter must be classed amongst the streptococci, because in artificial media it loses its capsule and assumes often typical streptococcus form. They lose their original lanceolate shape and become globular, so that all transition forms from the typical diplococcus lanceolatus to the streptococcus pyogenes exist in nature, or at least in the test tube. It is well known that the pneumococcus often rapidly loses its virulence, and at the same time it undergoes changes in its morphological characters. But if its virulence be restored it will again revert to its former type.

The capsules appear only in the animal body, and are, as a rule, lost when the coccus is grown on artificial soils; but, on injecting it into a mouse, it at once regains its capsule, and if it had become altered in its morphological characters, it will now again resemble the true diplococcus. The more a variety resembles the pus streptococcus the less virulent it is. The virulence of the pneumococcus is also very variable; in some cases it will produce a more or less rapid septicæmia, in others a more chronic infection without local changes, in others merely local changes, and yet in others no reaction whatever. We should always remember that in pneumonic

sputum or exudation several varieties of different morphological and biological characters and of different virulence are found, and that it is necessary not merely to prove the existence of a diplococcus or pneumococcus, but also to study its nature in the test tube and in the animal body. This much is certain, that the pneumococcus is closely allied to the streptococcus of suppuration and erysipelas, and it is possible that all these streptococci are derived from a common ancestor. We had recently opportunity to study the organisms of the intra-cranial pus from a case of cerebro-spinal meningitis. Such cases when uncomplicated by pneumonia are of great interest, if only on account of their comparative rarity. Our case, which was examined a few weeks ago, was a good instance of cerebro-spinal meningitis, the lungs were not diseased. Microscopic examination of the intra-cranial pus showed typical encapsuled pneumococci. By means of artificial cultivation we separated, besides the staphylococcus aureus and albus and a harmless bacillus, also the pneumococcus. This at first on agar-agar grew typically as transparent colonies, easily recognised by the practised eye by their dewdrop-like appearance. In earlier agar cultures they grew in short chains, but soon developed into longer chains, and their colonies on agar-agar became more opaque, and resembled those of the ordinary pyogenic streptococcus closely. It was, however, distinctly different, for when injected into a mouse it killed it rapidly in sixteen hours, and was then obtained from the heart's blood of the animal as an encapsuled diplococcus. It now, however, grew more rapidly on agar and gelatine, and resembled the streptococcus pyogenes more closely, and, as was to be expected, lost its virulence towards mice completely, and the latter we have so far not been able to restore. We may hope to succeed in this, and then it should once more revert to its old short-chained type. In bouillon it grew well, causing at first a turbidity, which gradually cleared up, the granular sediment sinking to the bottom. In warm gelatine it also grows well, causing no turbidity, but a copious white precipitate. The chains in broth and gelatine were of great beauty, long and indistinguishable from those of the pyogenic streptococcus. On gelatine in the cold it grew more slowly than the latter, and the colonies were smaller. Our coccus is, therefore, one of the varieties of the true capsule or pneumonia-coccus, resembling the pus streptococcus, but quite distinct from it nevertheless. These observations are of some interest, as they recall to our minds some points in the ætiology of cerebro-spinal meningitis, a disease which in an uncomplicated form is not often met with.

In connection with this subject we may also mention that recently we had opportunity to study bacteriologically a case of so-called idiopathic suppurative peritonitis and of infective endocarditis. The latter was complicated by pneumonic consolidation. In the former case we found (*a*) diplococcus pneumonia, (*b*) staphylococcus albus; in the latter, (*a*) diplococcus pneumoniæ, (*b*) staphylococcus pyogenes aureus, (*c*) staphylococcus pyogenes albus. The diplococcus was also separated from the lung. The same three organisms were also found in pneumonic sputum from a case of pneumonia from Matthew. As we are constantly, asked how to demonstrate the pneumococcus in sputum it may not be out of place to describe the proper methods in a few words. Some of the tenacious sputum should be spread in thin layers on thin cover-glasses, and allowed to dry in the air. Then pass the film thrice through the flame, the smeared surface upwards. Now place the cover-glass in a watery solution of methylene blue (concentrated) or dilute fuchsine, remembering that it stains rapidly, and must, therefore, not be left too long in the stain (10-20 seconds). Wash in water, dry between the folds of a blotting-paper, and mount in xyloe-balsam, and examine, if possible, with an oil immersion. The diplococci will be seen as blue or red dots, with a clear halo around (capsule). For purposes of cultivation it is necessary to take sputum before the crisis or immediately afterwards, since their vitality often changes considerably with the appearance of the crisis. How great a change the crisis produces is evident from the following facts: (1) ante-critical sputum of a pneumonic case injected into a rabbit will kill it, while (2) post-critical sputum, instead of killing it, will render it immune against subsequent inoculations with the diplococcus pneumoniæ.

As we are at present engaged in a research on the nature of the pneumococcus, we ask house physicians and students clerking in the wards kindly to give us notice of any case of crupous pneumonia in the wards or post-mortem room.

Evolution of Medicine and Medical Teaching.

A paper read before the Abernethian Society, Jan. 18th, 1894.

BY T. W. SHORE, M.D., B.SC.

"EVOLUTION of Medicine and Medical teaching." Let us begin in a scientific and orderly manner by defining our subject. The word "evolution" is to be understood in its biological meaning, to designate the process by which all living things have acquired their present distinctive features through the gradual modification of some parent form, owing to the action of the laws of heredity, variation, natural selection, and survival of the fittest. So in our subject to-night I wish to trace the broad general outlines of how medicine and medical education have grown out of ignorance and superstition, and to give you some idea of what causes have acted in the building up of medical science and art. By "medicine" I understand not only the art of diagnosis and treatment of disease and injury, but also the collateral sciences of Pathology, Physiology, Anatomy, &c., upon which the art is based, and without which it has no sure foundation. By "medical teaching," I mean the general principles of the process by which physicians and surgeons are trained so as to intelligently practise the medical art.

The subject, remember, is evolution *of* medicine, not evolution *in* medicine. It is not my intention to say anything about evolution of disease. That is a totally different matter, and although it is one full of interest I must leave it to be dealt with, perhaps, on some future occasion.

The great principles, remember, in the theory of descent are those expressed by the laws of heredity and variation, together with the struggle for existence followed by a "survival of the fittest"; and in this struggle for existence, the surrounding conditions or *environment*, play a most important part. So it is in the history of medicine—a

mere phase of human activity—the degree of perfection to which it has attained at different periods of the world's history depends on the environment, which obviously in connection with the topic we are now discussing is the state of civilisation, the condition of general learning, the stability of government, and presence of peace or war.

The medical art was at first only a part of the myths and superstition of pre-historic man, who knew nothing of how to treat disease or injury beyond what savages do now, or beyond the instinct of self-preservation common to man and lower animals. The cure of disease began to be practised coincidently with the earliest dawn of civilisation, and became more and more perfected in proportion as civilisation advanced, and as animal instincts gradually gave place to a more rational mode of life. As might be expected the earliest trace of the medical art is bound up with religious superstition. At first disease was supposed to be due to the anger of some offended god, or to the direct action of an evil demon sent to punish sin, or it was considered to be the result of witchcraft or of some occult influence of the stars and planets.

Even after some progress had been made in the direction of a rational explanation of ordinary phenomena of life, superstition still held sway in the attempts to cure disease. Thus for example, in the records of ancient Egypt (fifhteenth to seventeenth centuries B.C.) we find evidence that the practice of medicine was entirely in the hands of the priests who, attributing disease to demons, endeavoured to cure by charms and incantations. So, also, in the ancient Babylonian and Chaldean times, medicine was but a part of the ordinary magic of priests and magicians.

Roughly speaking, two periods can be distinguished in the medical art of these ancient times: first, the period—how long we know not—before Hippocrates, and second, the age during which Hippocrates (the father of medicine) and his followers flourished. In Greece, before Hippocrates, medicine was wrapped up with superstition and priestcraft. It was from Appollo that all disease was supposed to come, and he it is who was credited with all healing powers. Æsculapius, who was supposed to have lived and practised twelve to thirteen centuries B.C., need only be mentioned in passing, as it cannot be affirmed whether he lived or not. Certain it is, that antecedent to Hippocrates, he was worshipped all over Greece as a divinity, and that temples were erected to him in many places, where priests ministered to the diseases of multitudes who visited them. Nor need anything but passing mention be made of Melampus, Epimenides, Anaxagoras, Empedocles, and others—philosophers and physicians. Pythagoras, who lived about 500 B.C., was a notable combination of physician, prophet, and philosopher, and appears to have had some medical information, and to have insisted on the scientific value of a knowledge of the structure and functions of the body. But his teaching was but a part of the visionary pythagorean philosophy of numbers, of odd and even, of harmony and discord.

The Asclepiads, priests and physicians, were visited in their temples by the sick, and they endeavoured, by inciting the imagination and stimulating the faith of the sufferers through religious ceremonial, magic, and astrology, to effect a cure. In some cases these tactics succeeded—veritable faith-healing—in many others they failed. Gradually various herbs and other remedies, massage, bathing, and exercise came to be used, experience of the properties of these remedial measures was gained, together with some knowledge of the anatomy and functions of the body, and thus there arose the famous Asclepia or Æsculapian Schools of Medicine. The chief ones were in Cos, Cnidos and Rhodes. These, together with the pythagorean school in Crotona and the school of Cyrene in Northern Africa, were the centres of medical teaching just prior to Hippocrates, and for some time after him. Then followed a new epoch. Hippocrates was born B.C. 460, and was educated at the Asclepion at Cos. He, *first*, tried to free medicine from superstition and sophistry. He taught, for the first time in the history of the world, that disease is not due to any demon or angry god, and that it is not to be cured by sacrifices and religious ceremonial, and was the first to pick out from the accumulated knowledge and superstition of the time those facts which were valuable. These he extended by his own observations, so as to found something like a scientific medicine.

Hippocrates wrote many treatises on medicine and surgery, all of which show how considerable must have been his knowledge and skill, and prove that in many instances his methods of treatment were but little inferior to those now in daily use. He trephined for injuries to the head, used auscultation and percussion to detect fluid in the chest, and having discovered it he performed paracentesis. He practised venesection and cupping, was well acquainted with the use of narcotics, operated on hœmorrhoids, opened abscesses, resected joints, understood the principles of the union of fractures, and devised splints for their proper treatment. Amongst his works are to be found seven books of Aphorisms, books on fractures, on dislocations, on ulcers, on the treatment of acute diseases, on prognostics, on hœmorrhoids, on fistula, and many others. Time will not permit me to dilate further on Hippocrates' works; but it must be remembered in connection with them, that knowledge before his time was handed on from generation to generation by word of mouth, or through the agency of manuscripts, until he broke away from the old superstitions, picked out the grain from the chaff, and used it as the foundation of his own work. Thus his writings represent partly knowledge acquired by himself, but in great measure also the accumulated experience of the preceding centuries. If we inquire into the causes which were acting to bring medicine to this comparatively high state, we must remember that Greece had by that time passed through many gradations of civilisation. Beginning with a condition of barbarism, followed by struggles and varying fortune in war culminating in the great victories of Marathon, Salamis and Platœa, there succeeded a condition of peace and refinement which made its capital the centre of the civilised world. Hippocrates lived in the age in which Greece reached its highest development in the pursuit of literature, of philosophy, of poetry, of art, and of science. It was the age of Pericles, Æsculus, Sophocles, Euripides, Aristophanes, Socrates, Xenophon and Plato. This advance in general civilisation had had its effect on medicine. What wonder that medicine, placed in such an evironment as this, made rapid progress and took its place amongst the other arts and sciences!

At this time (B.C. 400) and for two centuries afterwards there was but little medical knowledge in other parts of the civilised world than Greece. In Rome only the most crude methods of practice existed, and these were bound up with religious rites and priestcraft.

As I have already said, Hippocrates pursued the practice of medicine on scientific and logical principles. He always inquired, as far as he could, into the immediate and remote causes of the diseases he was called upon to deal with, and held that a knowledge of the principles of the normal structure and working of the body is essential to the scientific treatment of disease and injury. He was not content with a mere observation of symptoms and the application of remedies, but sought for the hidden causes of disease, and reasoned from facts to logical conclusions as to the nature of the morbid processes. Thus, he was the founder of the doctrines of the *Rationalists*.

As soon as medicine had taken its proper place amongst the sciences in anciert Greece it became subject to the same influences as affected other phases of learning, and as a result there arose in medicine various schools of thought, practice, and teaching, just as there were different schools of philosophy, ethics, and morals. The immediate followers of Hippocrates founded a school which began on rational principles, but soon degenerated into *dogmatism*. The dogmatists thus first arose in the fourth century B.C., and flourished for about two or three centuries, when they began to decline, until about A.D. 100 they had almost entirely given place to the school of the *Empirics*.

The dogmatists founded comprehensive systems of medicine in which the causes of disease and the changes of structure and perversions of function due to them were set forth in an orderly and systematic fashion. From these systems they deduced their lines of treatment and reasoned from hard and fast theoretical rules to the practice of their art. Wherein, it may be asked, lies the difference between the Rationalists and the Dogmatists? At first sight the difference is small, for they both professed to be logical and rational; but, whereas with the Rationalist the confines of knowledge are ever expanding, his science is ever progressive and his practice is founded on the best knowledge of the time, the Dogmatist is at a standstill, is not always seeking for new facts, has systematised all he knows, and, thinking he has learnt all there is to know, has built up a finite system. Among the dogmatists of this early dogmatic school were Diocles and Praxagoras in Greece, and Herophilus, the famous anatomist, who in the early part of the third century, B.C., founded the great medical school of Alexandria. Herophilus made great advances in anatomy, correctly describing most of the body, even such parts as the retina, ciliary processes, and other parts of the eye-ball. He recognised that the brain is the seat of the will, and described the main parts of it. The torcular Herophili is named after him. About this time the sciences of comparative anatomy and botany originated as offshoots from medicine, having been founded by Aristotle and Theophrastus respectively. They laid the foundations on which modern zoology and botany have been built. Instead of following the method of their teachers by searching for facts and reasoning from them to conclusions, the pupils of these great teachers were content with what their masters taught them and founded a system, by the too rigid pursuit of which, they were led into errors of practice, and so dogmatism deservedly retired into obscurity for a time.

A form of dogmatism which first arose about 100 B.C., and which in many shapes has reappeared again and again since, is that known as *Methodism*. The methodists profess to have discovered some grand principle which they assert underlies the whole of medicine. In every variety of methodism there is some distinctive hypotheses on which the whole practice is founded. Each serves to illustrate the phases through which medicine has passed, and all are faithful records of the condition of the understanding of those who practised them.

The earliest empirics were Serapion of Alexandria, and Philinus of Cos. They doubted the value of anatomical and scientific knowledge, and argued thus: The patient is suffering from a particular disorder, and in our past experience we have found that such and such a treatment has given the best results in cases of this disorder, therefore we treat the patient in this particular way. We do not know, say the empirics, how our remedies act, and it does not matter, the remedies do good in particular kinds of cases, therefore we use them. The empirics endeavour by careful examination of their patients to formulate the signs and symptoms that indicate certain classes of disease. Then in every case that comes before them they try to make an accurate diagnosis and to refer the disease to a particular class. Having done this they apply the treatment that experience has shown to be best for that kind of disorder.

Thus then there were early established the chief of the great schools of medical thought which in some form or other still exist—the Rationalists, the Empirics, and the Methodists. First one, then another of these schools seems to have gained supremacy, but very little progress was on the whole made for centuries. About the beginning of the Christian era a famous medical writer lived, Celsus, and to his writings we owe much of our knowledge of what the state of medicine was in those ancient times. Passing mention must also be made of the works of Dioscorides, the great pharmacist and therapeutist, who flourished about A.D. 100, and whose writings were quoted as the highest authority on materia medica for centuries afterwards. Amongst the famous dogmatists at the beginning of the Christian era was Galen, who was born A.D. 130. He travelled much and studied in all the schools of medicine then existing, collected and systematised all the medical knowledge of the time, extended it by his own observations and endeavoured to establish general principles from all the observed facts. Thus he founded a system of medicine which was scientific in so far as it was based on all the knowledge of the collateral subjects of natural history, anatomy, physiology, and pathology which then existed. He wrote much, and his works became classical and formed the basis of all medical teaching throughout mediæval times and even to within a comparatively recent date.

Immediately after Galen followed the dark ages, during which medicine shared the fate of other sciences and arts and of general learning, being only kept alive by a few individuals, and making no progress for centuries. This practical extinction of medical science and general learning was primarily due to the Gothic invasions which swept over the civilised world and scattered philosophers and physicians far and wide. Medicine after a fashion was kept alive for a time in Alexandria and Constantinople, but in the main it degenerated into what it was before the time of Hippocrates—mere superstition and magic. Another cause for the decadence of medicine at this period is to be found in that moral degradation of the people and the vice and corruption which then existed in the Roman and Grecian empires, and against which the early Christian Church struggled so long. With the introduction of Christianity there sprang up the monasteries, and in association with them arose hospitals for the entertainment of poor pilgrims and, in some sense, for the care of the sick. Thus the practice of medicine in Europe passed in large measure into the hands of monks and priests, and became imbued with the religious ceremonial and superstition of the early Christian Church. The first hospital in Europe was founded in Rome, A.D. 400. After the Gothic invasions most of the accumulated medical knowledge of Galen's time found its way to the countries of the East, where it was maintained by the Persians, Indians, Armenians, but mainly by the Arabians. The works of Hippocrates, Dioscorides, and Galen were about the time of Mohammed, in the sixth and seventh centuries, translated into Arabic, and schools of medicine were founded in Baghdad, Damascus and other Eastern cities, which became famous centres of medical learning in the ninth and tenth centuries. Subsequently, medicine was re-introduced into Europe by the Arabian Caliphs, who, having conquered Spain, established great schools in Cordova, Toledo, and Zara.

Amongst the famous Arabian physicians were Rhazes, Avicenna, Avenzoar, and Averroes. Rhazes, who flourished about 900 A.D., was a student at Baghdad and subsequently, as physician to the hospital of that city, attracted a great school of students. He afterwards practised at Cordova in Spain, and wrote many medical books, the most famous of which is called *Continens* and was classical down to the sixteenth century.—Avicenna was born A.D. 980, and studied at Baghdad, writing many books, which became classical.—Rhazes and Avicenna were Empiric, whilst Avenzoar was a reformer in medicine and treated it on rational principles.—Averroes flourished in Cordova in the twelfth century, and contributed much to the success of that great school. In what way the teaching was carried on in these schools it is difficult to learn, but I doubt much whether it was in any way different from the "walking of the hospitals" that was in vogue in this country fifty or sixty years ago, coupled with a study of the classical writings of Hippocrates and Galen.

Whilst these Spanish schools were flourishing there was gradually coming to the front the School of Salerno, which is said to have originated as early as the seventh century, before the introduction of Arabian medicine into Spain. Whatever may have been its origin, it became in the twelfth, thirteenth, and fourteenth centuries the chief seat of medical learning in Europe, combining the knowledge of the ancient Greeks and of the Arabians. Students flocked from all sides, and no one was considered to have a complete medical training unless he had studied there. Here it was that diplomas or licences to practice were first granted after an approved course of study and examination. What was then expected of the student may not be without interest. As a preliminary, the pupils studied logic for three years—I wish that all students of medicine were taught logic now—then they pursued a five years' curriculum in medicine and surgery, based mainly on the works of Hippocrates and Galen, and after a rigid examination were entitled to practice. But they were not even then fully fledged until they had practised for a year under an older and more experienced physician. Nigel, the physician to William the Conqueror, was probably a pupil of this school.

In the twelfth century, the School of Montpellier in France first came into note, and in the thirteenth and fourteenth centuries it was the chief rival of Salerno. Many great physicians practised and studied there, coming from all parts of Europe. Attendance on lectures for five years was compulsory, and, after an examination, degrees in medicine were conferred. Subsequently other schools arose in Europe at the Universities of Bologna, Padua, Paris, Naples, Prague and Vienna. Demonstrations of Human Anatomy were first given in the 14th century at Bologna and contributed much to make that School famous. This example of Bologna was soon followed by Prague and Montpellier. First one, then another of these Universities enjoyed the reputation of being the leading school in Europe, until, at the beginning of the sixteenth century, Padua had the greatest reputation.

Now let us enquire what the method of teaching was in these Universities, during the period from the Tenth to the Fourteenth Centuries. The fact that dissection of the body was not practised from the time of the Alexandrian School and of Galen, in about the Second Century, until demonstrations of a crude kind were given in Bologna in 1315 A.D., tells us what must have been the prevailing method of teaching during that thousand years. All the Anatomy, and most of the medicine and therapeutics then taught, as Dr. Norman Moore told you in his introductory lecture in Medicine, was learnt from books, and the study of ancient writings. The works of Hippocrates, Dioscorides, Celsus, Galen, Rhazes, Avicenna, and others, were read by the students, and explained by the professors, just as the school boy is taught his classics now by reading Homer and Virgil. The teachings of the ancient writers were dogmatically imparted to the students with but little, if any, examination of patients and application of remedies to actual disease. Thus, crammed with theoretical knowledge, and full of high-sounding terms and phrases, the students after examination were let loose on the world to practise the medical art! All thought at this time was stifled, everything was the slave of authority, not only in medicine but also in religion and everyday life. Thus the state of medicine and the method of teaching were but a faithful reflection of the want of general learning, and of the slavery of science and art to the superstition of religious authority. Priests and other holy persons then practised faith-healing, invoking the aid of particular Saints for each disease; charms and star-craft held sway, and countless herbalists and other quacks flourished.

In the beginning of the Sixteenth Century one of the greatest events in history occurred—the Reformation. The people had begun to think for themselves, great minds arose that would not be slaves to unreasoning authority, and a general revival of learning took place, culminating in a revolt against the corruption of the Church. Shortly afterwards there commenced a reformation in medicine, and a throwing off of the authority of Galen and other ancient writers.

Time will not permit me to trace all the steps in this reformation of medicine. It is claimed for Paracelsus that he was the first great medical reformer, but opinions are divided concerning his merits and motives. It is certain that he added but little to medical knowledge, and introduced a method of his own. His chief merit is that he first tried to free medicine from a blind adhesion to authority. To some extent he is identified with the origin of chemistry. Alchemy, or the search for the means of converting the baser metals into gold, was undoubtedly the parent of Chemistry. Alchemy was probably practised from very ancient times, and was much in vogue throughout the Middle Ages. The practice of alchemy often led accidentally to the discovery of chemical substances of use in medicine, long before chemistry as a science existed. By the time of Paracelsus, Alchemy had fallen into disrepute, and he endeavoured to revive it by teaching that chemical experiments should be made rather for the discovery and manufacture of remedies than for a fruitless search after gold. He introduced many mineral substances, such as sulphur, iron, mercury, arsenic, &c., into medical practice in place of the vegetable drugs and decoctions of Dios-

corides. After him arose the School of the "iatro-chemists," who, with the followers of the Hippocratic methods, and the humoral school of Galen, divided medicine between them, and flourished until the time when Boyle, in the middle of the Seventeenth Century, laid the foundations of modern scientific Chemistry.

At about the time of Paracelsus, medicine in England assumed a position which it had not previously occupied. In 1518 the Royal College of Physicians of London was founded by Charter by Henry VIII., chiefly on the recommendation of Thomas Linacre, one of his physicians. Linacre, after having studied medicine in Oxford, proceeded to Bologna, and afterwards to Padua, then the most famous medical school on the continent.

In 1544 and 1547 the Hospital of St. Bartholomew, which had been deprived of its revenues in 1537 at the dissolution of the monasteries, was refounded by Royal Charter, and Thomas Vicary, who wrote the first English work on Anatomy, and who was the greatest surgeon of his time, took an active part in the organisation of the Hospital. The teaching which Linacre introduced into England was much that in vogue in the Continental schools, though he tried to inculcate the *methods* of Hippocrates and Galen rather than their actual teaching. Meanwhile the work of such anatomists as Vesalius, Fallopius, and Eustachius had laid the foundations of practical teaching in anatomy.

But the great age of the reform of medicine, at any rate in England, was the age of Sydenham, and I must now tell you of the surroundings and circumstances which mark this time as the beginning of modern medicine in England, and which stamp Sydenham as the "father of English medicine."

Sydenham was the first great representative of practical medicine as we now understand it. He was an empiric. His was the influence by which the two Schools of medicine at the beginning of the Seventeenth Century were eventually superseded by modern methods of teaching, viz., the observation of patients and study of disease itself, rather than the study of authority. When Sydenham began to practise, medicine was divided between the two rival schools of the iatro-chemists and the followers of Hippocrates and Galen. The Germans followed Paracelsus, and were the chief of the iatro-chemical school; the School of Paris was essentially Hippocratic, that of Montpellier, Hippocratic modified by the teachings of Galen and the Arabians. The Hippocratic School adhered to authority and tradition; the iatro-chemical threw over precedent and relied upon observation. These two schools, however, were not sharply marked from each other, for just before Sydenham there was springing up a middle sect of *eclectics*, who selected from both schools the opinions and teachings which they thought most probable. These, during Sydenham's life-time, developed into the *iatro-mechanical* school, which eventually superseded the iatro-chemical. The iatro-mechanics regarded the human body as a mere machine, and doubtless owe their origin to the influence of the discoveries of Newton and the philosophy of Descartes upon the thought of the age. The immortal discovery of the circulation of the blood by Harvey, and set forth in his book, "De Motu Cordis" in 1628, owed its origin partly to a revolt from authority, but also largely to the stimulating effect upon thought and experiment of the philosophy of Bacon, whose great work, "Novum Organon," appeared in 1620, and introduced the inductive methods of observation, analysis and hypothesis, with experimental verification, comparison, and proof. It is difficult to estimate how great was the effect of the philosophy of Bacon and Descartes, not only in stimulatlng experiment in physical science, but also in laying the foundations of scientific medicine.

Sydenham in his medical philosophy was eclectic, but he had no sympathy with iatro-mechanics. He looked beyond the limits of the two schools of medical teaching for something which neither of them possessed, instead of, like other electics, thinking that a combination of parts of both could supply the true method of medicine. The first great principle of his practice was *observation*, the second was the great sheet-anchor of the empiric, viz.:—that remedies which act well in one instance of a disease will act beneficially in an identical or similar case. His third great principle was to ascertain how far a second case is similar to a previous one, and if different, in what way it differs and how the differences appear in the light of previous experience. This is the art of diagnosis, and requires keen powers of observation, analysis, and comparison. These Sydenham possessed to a remarkable degree, and were the secret of his success as a *practical* physician.

It will throw much light on the causes of the advance which Sydenham inaugurated if we now consider who his contemporaries were and what were the surrounding conditions at that time. Sydenham lived from 1624 to 1689. Bacon's "Novum Organon" appeared in 1620; Descartes lived from 1596 to 1650; Pascal from 1623 to 1662; Spinoza from 1632 to 1677; Newton from 1642 to 1727; Boyle from 1626 to 1691; Harvey from 1578 to 1659; Malpighi from 1628 to 1694; Locke from 1632 to 1704; Wallis from 1621 to 1675; Highmore from 1613 to 1682; Glisson died in 1677; Wharton died in 1673. What an array of distinguished men! Every one of them has left his mark on philosophy or on physics, or on anatomy, physiology or medicine. Newton in 1668 invented the reflecting telescope, and in 1686 his famous "Principia" was published. Sydenham's first book on Fevers appeared in 1666, Harvey's "De Motu Cordis" in 1628, and his "De Generatione" in 1651. Glisson's work on the Liver was published in 1654, and his name is perpetuated in "Glisson's capsule." The microscope was invented in 1621, and Malpighi in 1661 saw the blood coursing through the capillaries of the lung of the frog, and thus supplied the only missing link in Harvey's grand discovery. He also described the deeper layers of the epidermis and the structure of the kidney and spleen, and his name is still attached to the parts he so accurately observed. Wharton was a famous anatomist, who described the glands of the body, and whose name is attached to "Wharton's duct." In 1684, Vieussens published a great book on the Brain, Spinal Cord, and Nerves, and his name is handed down in the "Valve of Vieussens" and the "Annulus of Vieussens." About the same time the lymphatics, the lacteals, the receptaculum chyli, and thoracic duct and its termination in the subclavian vein were discovered. Willis wrote on the Brain, and gives his name to the "Circle of Willis." He also was a great reformer in Materia Medica and made some endeavour to employ remedies *rationally*. About 1645, scientists, philosophers, and physicians began to hold meetings in London, and afterwards founded the "Philosophical Society of Oxford." Then came the Civil War of Charles I., and this, in itself a revolt from established authority and prejudice, had a healthy effect in stimulating thought. This, then, was the age of the breaking away from old doctrines, and everything in the scientific world was subjected to the tests of observation, analysis, and experiment. The whole country was roused into activity, and philosophy and science took advantage of it. In 1660 the Royal Society was founded and a charter granted to it by Charles II. in 1662. The "Philosophical Transactions" began to be published in 1664.

From this time forward the history of the evolution of medicine is a record of progress—at first rapid, then slow for a time, afterwards more rapid again. During the next 150 years, that is down to about fifty years ago, it is a history of the gradual building up of science and art upon the solid foundations laid by Sydenham, Harvey, and their contemporaries. During this time many famous physicians, surgeons, anatomists, and physiologists lived, and each added something to the progress of medical knowledge. Amongst the anatomists and physiologists were Valsalva, Santorini, Morgagni, Peyer, Brunner, Pacchioni, Meckel, Scarpa, and especially Sir Charles Bell, all of which names are familiar to everyone who has studied human anatomy. The chief physicians of the period were Drs. William and David Pitcairn, Heberden, Edward Jenner, Radcliffe, Lœnnec, Cheyne, and others. This was also the period in which surgery made enormous advances, for there lived and worked such men as Chiselden, the famous lithotomist, Percivall Pott, John Hunter, Abernethy, and Astley Cooper. The great strides which surgery made at this time were due largely to the more accurate and careful study of anatomy. Chemical and physical science also began to be more thorough and practical. Priestly discovered oxygen in 1772, Dalton propounded the atomic theory and the law of multiple proportions, Gay Lussac discovered the composition of water, and other chemists, such as Sir Humphrey Davy, Berzelius, Lavoisier, and Cavendish, contributed much to establishing the main principles of the science as we now know it. Galvani and Franklin lived in this period and laid the foundations of electrical science.

In general terms, it may be said that during the eighteenth century the sciences of Zoology, Botany, Physics, and Chemistry, branched off, as it were, from the parent stem, and began to take up distinct positions of their own. They owe their origin to medicine, but as soon as they had become established as distinct sciences, they reacted with enormous influence on the more recent stages in the evolution of medicine itself, the effect of which we are at the present time experiencing in our medical thought and teaching.

We have now reached the age in which have taken place the greatest advances in medicine that the world has ever seen, viz., the period in which we now live and work. It is only necessary to mention a few of these advances to show you how great has been the extent of the progress made. Sixty years ago there were no anæsthetics, and antiseptic surgery is of still more modern growth. The germ theory of disease and the whole science of bacteriology, and nearly the whole of pathology are of quite recent origin. Sixty years ago, when Sir James Paget, as a first year's man, discovered *Trichina Spiralis* in the dissecting room of this School, it was difficult to obtain the use of a microscope. What a contrast now, when every first year's man has a microscope of his own! The advances made in histology, morbid anatomy, and other biological sciences, by the aid of this instrument are incalculable. The whole of embryology is new. Physiological knowledge has advanced enormously as the result of experimental research. Our knowledge of the physiological action of drugs has enormously improved during the last twenty five years. Nor must we

forget how Darwin's teachings have revolutionised zoology, comparative anatomy, and botany, and are now modifying our views as to the causation of disease.

What has been the cause of this enormous progress in medicine during the past sixty years? The present position of medicine has been the result of the steady and onward march of human progress which has characterised the nineteenth century. The changes which have taken place in this comparatively short period—particularly the spread of general education and the technical applications of science—have not been equalled in any previous period of the evolution of the world. Scarcely a year of that time has passed by without leaving its mark on the forward march of civilisation. Contemplate for a moment the far-reaching results of the application of the powers of steam in our railways, manufactures, and oceanic navigation. Think of such engineering feats as the Severn Tunnel, the Manchester Ship Canal, and the Forth Bridge. Reflect on the results which must have followed the electric telegraph and the submarine cables, the telephone, and the countless other applications of physical science which we now take so much as a matter of course! Look, too, at the effect of all this on the diffusion and spread of knowledge! What must have been the effect of such popularisation of science as is expressed by the work of the British Association, the system of science and art classes for artisans all over the country in Mechanics' Institutes and Technical Schools, the establishment of School Boards, and the foundation of the University of London!

What, you may ask, has all this to do with advancement of medicine and medical teaching? It has much to do with it, for this general progress has acted on medicine in two ways—*first*, we have the *direct* effect of scientific advance and discovery in biology, chemistry, and physics, which have led to the introduction of scientific methods into medical study and research, and tend to bring it into line with other branches of technical science; and *secondly*, there is the *indirect* action of *public opinion*. The diffusion of knowledge amongst the masses of the people which became possible by the increased facilities for intercourse and exchange of ideas afforded by the telegraph, railways, and steam-ships, has been one of the most important factors in the formation of public opinion, and it in its turn has had an enormous influence on medical progress.

But time presses, and I fear I weary you with these commonplace topics, which have been so often told before.

Now let me say a few words on medical education. In ancient times, the physician was supposed to be born a doctor, and to have inherited his powers from his ancestors by transmission.

Our information as to the method of medical education in the ancient school of Alexandria, and in the Arabian schools, is only scanty, but there would appear to have been some sort of hospital and practical work.

In the dark ages, medical teaching consisted, as I have already said, in a study and explanation of ancient authors, with but little study of actual disease.

In the seventeenth century, a new method of teaching was introduced into England by Sydenham, as Dr. Norman Moore told you in his introductory lecture on medicine. This was the method of the study of disease in actual patients. It was at first carried out by the "apprenticeship system," which meant that the student was for a period an apprentice to some practitioner, and followed this up by "walking the hospitals," where he picked up empirically, and by watching the work of the physicians and surgeons, odd scraps of medical theory and practice, without any particular guiding principles.

Then, about one hundred years ago, the "lecture system" was introduced into the large London hospitals, and from this arose gradually the medical schools of the metropolis. Under the lecture system the students during their period of walking the hospital were required to attend compulsorily certain course of lectures on Medicine, Surgery, Anatomy, and other subjects.

From the lecture system has grown up the method of education now adopted, which I will call the "method of practical laboratory and clinical teaching." This method is now fairly established in the best equipped schools, and is the method on which we proceed here. With it, we combine a modification of the lecture system. The lectures are more practical than they were, and run *pari passu* with laboratory work, and so serve as introductory to the practical teaching. The student's work now may be divided into three stages, *first*, the study by lectures and laboratory work, of the elements of the sciences of biology, chemistry, and physics; *secondly*, the study by lectures, dissecting and laboratory teaching of anatomy, physiology, and pharmacology; and *thirdly*, the study of pathology, and the application of it in medicine, midwifery, and surgery, as taught by lectures, practically illustrated in the P. M. room, the pathological laboratory, the wards and O. P. rooms.

Although only fourteen years have elapsed since I entered here as a first year's man, yet the extension of this system of practical teaching has been so great that I envy the student of to-day, for there is now no excuse if he does not obtain a thorough scientific knowledge of medicine, and at the same time learn the practical applications of the art.

And now, gentlemen, let me in conclusion give a word of warning. It is now fully recognised that evolution does not always result in progress, and the production of the more highly organised from the less complex; but there is also the principle of degeneration—evolution, as it were, in backward direction. Degeneration has played a part in the production of many of the existing forms of life, and the most important causes of this degeneration are the sessile and parasitic mode of life. When a species begins to be parasitic on another—*i.e.*, to acquire habits of indolence, it is placed in a new environment, which speedily leads to degeneration. Let me warn you to beware that degeneration does not take place in yourselves.

It has often been said by the older physicians, in criticism of our modern methods of education, that we are teaching the students too much, and giving them no time to properly assimilate and apply their knowledge. To some extent this is true—or, rather, there is danger that it may become true. All those who are engaged in medical teaching should beware lest their teaching becomes too much of the nature of cram, too much the mere teaching of facts, and too little the real education of their pupils. Teachers should teach their students how to observe, to think, and to reason for themselves—teach them, in fact, how to learn. So long as this is done there is no danger of the student's degenerating. But if the teachers forget this and merely teach without educating, and if the students obtain the idea that all they have to do is to remember what their teachers tell them, and suppose that this will do, instead of exercising their own observing and thinking powers, then, believe me, there is danger ahead—danger that intellectual degeneration may set in amongst you, and when this begins we shall be face to face with the first signs of the decay of medical science.

Amalgamated Clubs.

WE are now in a position to officially state that the Medical School Authorities have entered into a contract for the purchase of ten acres of land at Winchmore Hill, on the Great Northern Railway (Enfield branch), to form a recreation ground for the members of the Amalgamated Clubs. The piece of land purchased forms part of the Highfield House Estate of about forty acres, and the plot which in future will be the headquarters of our Football, Cricket, and Lawn Tennis Clubs, lies close to the Green Lanes, and within four minutes' walk of Winchmore Hill Station. The rail service is a very good one, trains running on the average every twenty minutes from Farringdon Street Station, and the time distance from station to station is thirty minutes. Arrangements are now being made by a special committee of the Medical School for the levelling and preparation of the ground, for fencing, and for the erection of a pavilion. It is proposed to provide two football fields, one for Rugby and the other for Association matches, to prepare a first-rate cricket-pitch in the middle of the ground, and to lay out about six or eight tennis-courts. Special arrangements are also being made by which members may obtain return tickets at reduced fares. When all the arrangements have been made the ground will be rented by the Amalgamated Clubs, at a rental of four per cent. on the capital outlay. There is, of course, some uncertainty as to when the ground will be ready for use, but the arrangements are to be carried out as expeditiously as possible, and the Committee of the School have already invited the representatives of the Clubs to draw up a statement of the requirements of the new pavilion. We shall from time to time make announcements

of the progress of the work, and heartily congratulate our members on the acquisition by them in the very near future of a suitable permanent home.

At the last meeting of the Finance Committee of the Clubs, the subject under discussion was the question of the requirements as to space and accommodation in the new pavilion. The whole question was thoroughly gone into, and a report to be submitted to the Special Committee of the School was drawn up, as a definite statement of what the Clubs would like to have. Amongst other matters it was recommended that the building should be mainly of brick, and should have a verandah and balcony. It is, of course, too early to say to what extent our ideal can become a fact, as the whole question of cost has yet to be gone into.

RUGBY FOOTBALL CLUB.

BART.'S *v.* WICKHAM PARK.

On the 13th of January the following represented Bart.'s, *v.* Wickham Park, at Lee :—Bond, back ; Burrows, Calverley (captain), Nunn, threequarter-backs ; Marrack and Gwynne, half-backs ; Andrew, Stephens, Martin, Cruddas, Bennett, Richards, Wells, Dunn, and Codrington, forwards.

At the start it looked as if we were going to win ; the forwards, rushing away, kept the ball well in the Wickham twenty-five ; the threequarters had several chances of getting in, but were too slow in passing. On the point of half-time Wickham scored a try through Cockle, which they converted into a goal. After half-time the forwards, although they had the advantage of downhill, did not seem to shine as much as they did in the first half ; the back and three-quarter-backs were engaged in defensive tactics ; the half-backs were not in good form,—at times they seemed to think that they were forwards, and for the greater part of the time forgot to tell their forwards where the ball was. The only good piece of play was that from which we obtained a try ; Nunn caught the ball from a kick, and passed to Marrack, Marrack passing to Wells, who got in. Bond took the kick, but failed to convert. Calverley played a good defensive game, Andrew and Martin a good forward game.

Result—Wickham Park, 1 goal (5 points) ; Bart.'s, 1 try (3 points).

BART.'S *v.* EAST SHEEN.

On the 17th of January the same team, with the exception of Burrows, Gwynne, Dunn, and Codrington, who were replaced by Cautley, Maturin, Rigby, and Fleming, represented Bart.'s, *v.* East Sheen, at Richmond ; the addition of Maturin and Rigby strengthened the team considerably. The play throughout was good, and we had hard luck in not winning. Our forwards worked splendidly. Here, again, owing to our slow passing, we failed to take advantage of any chances which we had of scoring. Just before "no side" the ball was kicked into our goal, and in a general scramble Snowden touched the ball down for East Sheen, who consequently won by a try, which they failed to convert.

Bond, Maturin, Rigby, and Andrew, were conspicuous for good play.

Result—East Sheen, 1 try (3 points) ; Bart.'s, 0.

BART.'S *v.* LENNOX.

On the 20th of January the following team represented Bart.'s, *v.* Lennox, at Dulwich :—Bond, back ; Cautley, Calverley (captain), Nunn, threequarter-backs ; Marrack and Gwynne, half-backs ; Andrew, Stephens, Martin, Cruddas, Bennett, Richards, Wells, Fleming, and Dunn (forwards). The less said about this match the better ; the ground, it is true, was not in the best condition possible, but this does not account for the forwards and half-backs being so off colour. The threequarters and backs were engaged in defence the whole time.

Result—Lennox, 2 goals, 1 try (13 points) ; Bart.'s, 0.

CUP TIE—*v.* ST. THOMAS'S.

On the 25th of January we met St. Thomas's, in the first round of the Cup Tie, at Richmond.

Winning the toss, we played against the wind, facing the pavilion, on the upper ground. The game started with a series of scrums on our line ; during one of these Ashford managed to scramble over and score a try ; taking the kick, he converted it into a goal. Soon after this, Marrack being off-side, Thomas's got a free kick, which Ashford improved upon. Rotherham next scored a try, but Ashford failed to improve. Another free kick was given to Thomas's, but this not reaching our goal, was caught by Bennett, who ran and gained a good deal of ground before he was held. Scrums followed ; Thomas's pressed hard ; Montague and Bingham scored tries in quick succession, but Ashford again failed to improve upon either of them. Half-time was then called.

After half-time Andrew kicked off. Thomas's touched down and returned. Play then took place in their twenty-five. At this point we looked like scoring, but Thomas's gradually worked the ball back to the centre, where even play followed for some time, till Thorman, gaining possession of the ball, ran in ; Ashford took the kick, and secured a goal. Kicking off, we pressed again, but Thomas's, getting the ball in the loose, took it up again into our territory ; Montague passed to Thorman, who again ran in, and Ashford landed a splendid goal. Soon after this "no side" was called.

Result—Thomas's, 4 goals (1 penalty), 3 tries (27 points) ; Bart.'s, 0.

Our forwards in the first half were completely out-classed by the Thomas's men, although Rigby tried to rally them. In the second half they seemed to wake up and play with vigour ; Andrew was probably the best of the forwards. Our threequarters seemed utterly unable to cope with their opponents, consequently the brunt of the work fell on Bond,

who tackled and picked up well; his kicking seemed slow at times, though the wind and the rain may have had something to do with this.

Maturin played a sterling game; his collaring was remarkably good throughout.

Team:—H. Bond, back; H. V. Gwynne, J. E. G. Calverley (captain), J. W. Nunn, threequarter-backs; H. F. Maturin, G. C. Marrack, half-backs; P. O. Andrew, J. W. W. Stephens, J. C. A. Rigby, T. Martin, H. M. Cruddas, J. K. S. Fleming, W. F. Bennett, J. C. S. Dunn, F. G. Richards, forwards.

The Thomas's forwards played an excellent game, screwing ours continually in the first half; in the second half, and especially during the earlier part of it, the play was much more even. Their kicks were followed up in first-class style, giving our backs little chance of returning.

Rotherham was excellent at "half," while Thorman played a splendid threequarter game; Ashford's kicking deserves mention, especially when one considers the weather in which the match was played.

ASSOCIATION FOOTBALL CLUB.

First Eleven Matches.

January 17th, *v.* Casuals.—Played at Hornsey on a very heavy ground. During the first half the Hospital team played very well together, and scored three goals in quick succession. In the second half the Casuals played up, and scored four goals, thus winning a fast game by four goals to three.

January 20th, *v.* Reigate Priory, at Reigate.—This annual fixture attracted a large crowd, when the Hospital team, after a hard game, gained a victory by three goals to one.

January 24th, *v.* Surbiton Hill.—This match was played at Surbiton, when the home team were outplayed, the Hospital team scoring five goals in rapid succession. The game resulted in a victory for Bart.'s by five goals to one.

January 27th, *v.* Marlow, at Marlow.—Both teams were fully represented, and a fast and exciting game, much interfered with by a strong wind, ended in a draw of two goals each.

Second Eleven Matches.

January 20th, *v.* Civil Service, at Norbury.—Won by five to two.

January 27th, *v.* Barnes Incogniti, at Barnes.—Won by seven to two.

Cup Ties.

The Inter-Hospital Cup Ties were drawn as under:—

FIRST ROUND.

a. Charing Cross *v.* Middlesex. *b.* Guy's *v.* St. Mary's. Byes: University, St. Thomas's, London, St. George's, King's, St. Bartholomew's.

To be played on or before February 1st.

SECOND ROUND.

c. St. Thomas's *v.* University. *d.* Winner of *b. v.* St. Bartholomew's. *e.* St. George's *v.* Winner of *a. f.* King's *v.* London.

To be played on or before February 15th.

THIRD ROUND.

g. Winner of *d. v.* Winner of *c. h.* Winner of *e. v.* Winner of *f.*

To be played on or before March 1st.

FINAL ROUND.

Winner of *g. v.* Winner of *h.*

The first-named have choice of ground.

The Semi-Final and Final Rounds to be played on the Essex County Ground, Leyton.

Guy's played St. Mary's on Thursday, February 1st. A very fast and exciting game ended in a win to St. Mary's by one goal to none, the goal being scored during the last fifteen minutes of the game.

Thus we shall meet St. Mary's in the second round. Judging from past experience, our ultimate victory over St. Mary's in the Final having been preceded in 1892 by two draws, and in 1893 by one draw, this match is likely to be an extremely good one; doubtless there will be no falling off in the attendance or the enthusiasm of the spectators.

The Association record for this season is up to the present as follows:—

First Eleven Matches.

Played, 20; won, 10; drawn, 3; lost, 7. Goals—42 for and 30 against.

Second Eleven Matches.

Played, 13; won, 8; lost, 4; drawn, 1. Goals—38 for and 23 against.

BOXING CLUB.

We understand that a meeting of the United Hospitals has been held to arrange the preliminaries for a Boxing Entertainment to be held later in the season. We will give fuller particulars in our next issue.

The Abernethian Society.

ON January 11th, Mr. A. A. Bowlby, F.R.C.S., delivered the mid-sessional address on "Recreation," before a large assembly, amongst whom were the matron and the nursing staff. A verbatim report of the address has already appeared in the JOURNAL.

ON January 18th, Dr. Shore read a paper before the society on "The Evolution of Medicine and Medical Teaching." The paper, which was much appreciated by all present, is printed in full in another column.

ON January 25th, Mr. Shuter showed a boy with cholesterin crystals in the vitreous, resulting from an old injury to the eye.

Mr. W. McAdam Eccles then read his paper on "Acute Intussusception." After defining the condition as one of prolapse of one part of the bowel into another with subsequent symptoms of acute intestinal obstruction, he dealt with its causation. The essential cause was, undoubtedly, irregular contraction of the muscular wall of the intestine, chiefly of the circular coat, and in evidence of this he quoted the results of Nothnagel's most interesting experiments. Stress was laid on the fact that the intussuscipiens was rather drawn over the intussusceptum than that the latter was forced into the former. Exciting causes would probably be found in enteritis, polypi, ascarides, and ejested food, &c. The reasons for the frequency of the ileo-cæcal invagination were stated. Passing to signs and symptoms, Mr. Eccles said that the onset was usually sudden, and that pain was one of the earliest symptoms and was of the nature of colic. Vomiting was common, but might not occur till late if the obstruction was only partial. The vomited matters were rarely fœculent. Constipation, evidenced by the obstruction being complete, was the exception, and diarrhœa with the passage of the almost pathognomonic blood-stained mucus the rule. Tenesmus and collapse were frequently marked symptoms. The presence of a tumour, observable in at least half the cases of intussusception, was most suggestive. It should be felt for in the interval of the attacks of pain, and preferably with the patient under chloroform. The most usual seat of the swelling was somewhere about the transverse or descending colon, and not in the cœcal region, except quite early.

The prognosis in these cases is at present very grave.

The treatment, Mr. Eccles remarked, fell practically under three headings: (1) Merely giving opium and leaving the patient to a bare chance of spontaneous cure; (2) employment of injections of liquid or gas—more usually the former. That this method may be successful the case should be an early one, and it is best that the injection be given whilst the patient is under an anæsthetic; (3) performing laparotomy, which should always be done without delay if the symptoms continue after a thorough trial of reduction by injection. No pains should be spared to protect the young subject from a chill during manipulative procedures.

Mr. Eccles advocated an incision large enough to allow the intussusception being brought out of the wound if possible. If reduction be effected, he strongly advised the subsequent administration of opium by mouth. In cases where reduction was impossible, he thought the best plan was merely to establish an artificial anus if the child was at all collapsed.

ACKNOWLEDGMENTS.—*Guy's Hospital Gazette; The Student*, Edin.; "Boxall's Antiseptics" (H. K. Lewis); Correspondence, R. C. J. S.; Papers, F. W. G.; "On Diet in Schools," Henry Power, F.R.C.S.

St. Bartholomew's Hospital Smoking Concert Club.

THAT an undertaking which depends to a great extent on the efforts of a few individuals should continue always up to the same standard of excellence, reflects no small credit on the organisers. But that a definite improvement should take place at each successive concert of the club seems to be their *sine-quâ-non*, and the last one, held at the St. James' Restaurant on January 20th, was no exception to that rule.

Mr. P. Furnivall was in the chair, being supported by the secretaries, Messrs. D. L. E. Bolton and P. W. G. Shelley. Mr. St. Cyr was the first to appear on the platform, and played very cleverly a pianoforte solo, "Polish Dance." He was succeeded by Mr. N. B. Baker, who was in most excellent voice, and gave "Quaff with me the Purple Wine," and that delightful old favourite, "Friar of Orders Grey." Then Mr. Gale sang to his own accompaniment "The St. B. H. Ball" and "The Great Take Ins." Mr. A. G. Haydon followed with a violin solo, "Reverie," and his legato style was much admired. As an encore he played "The Serpentine Dance Music," which most of the audience seemed fully competent to follow. The pleasing voice and clear enunciation of Mr. Miller in "The King's Own," was duly appreciated, the audience joining heartily in the chorus. Then came Mr. R. Birdseye with "I'll say no more," etc. He was very funny, and sang remarkably well, his clever bye-play being quite the feature of his performance; his rollicking encore, "Down the Waterchute," was very fine. Mr. Attfield gave a banjo solo, which was encored. Mr. Pimbury, whose name appeared on the programme, was unfortunately unable to come, but an excellent substitute was found in Mr. Gale, who gave "O what an Alteration" and "Sailor Boy," and the hits in the first of these pieces were thoroughly enjoyed. The first part of the performance closed with a selection of popular tunes arranged for the piano, by Mr. St. Cyr. After the interval, Mr. Miller sang "The Beacon," and Mr. Attfield, who followed him, abandoned the banjo in favour of the ocarina, in playing which he excels. Mr. Gale then gave "In the Glorious Days to Come," which was both original and clever, and also "I was One of Them," and "In the Days when I was a Girl." Quite the feature of the evening was Surgeon-Major Brander's rendering of Raff's "Cavatina" on the violin. His finished execution elicited an encore. Mr. Birdseye kindly took the place of an intending performer who was absent through illness, and then with Mr. Gale he sang "The Missing Word," which seems to be very popular. Mr. Lawrence sang "Eighteenpence" to his own accompaniment on the banjo, and Messrs. Haydon and Attfield also reappeared. All present joined in "Auld Lang Syne," and "God Save the Queen" terminated a very pleasant evening.

This concert was fully attended; indeed, it must be a

source of pre-occupation to the secretaries as to how long the French Room will be sufficient to hold the members and guests if the numbers go on increasing at the present rate.

Among those present were: Drs. Calvert, Cautley, and Herringham, and Messrs. Walsham, Waring, Berry, Gill, Roughton, and Bailey.

The next concert, the last one of the present season, will take place on February 17th. We learn on good authority that only a limited number of tickets will be issued; so those who may require them had better make an early application to the secretaries.

A. G.

The St. Bartholomew's Amateur Dramatic Club.

President:
Mr. W. H. Cross.

Vice-President:
Mr. Stephen Townesend.

Committee:
Mr. C. W. Emlyn, *Stage Manager*, Mr. J. Boyan, *Assistant Stage Manager*, Mr. F. W. Clowes, *Acting Manager*, Mr. B. W. Holmes, Mr. S. P. Cornish, and Mr. A. W. C. Lindsay.

The Club provides the dramatic portion of the Christmas entertainment at the Hospital.

It gives an "outside" performance annually in aid of a charity, at St. George's Hall, and also an entertainment at Swanley Convalescent Home, as well as short entertainments for the nurses. These, which are numerous, are given on Saturday evenings in the inquest room, and they consist of dramatic representations, recitations, and vocal and instrumental music.

The entrance fee is 5s. The annual subscription is 5s., payable to the acting manager either at the annual general meeting or on election as member.

The committee are elected annually by ballot, at the general meeting, which is held at the President's house in October.

The St. Bartholomew's Hospital Amateur Dramatic Club was formally inaugurated in the year 1884, though the first dramatic performance took place on January 3rd, 1883, at the Hospital Christmas Entertainment. Since that date the Club has had the major portion of this entertainment on its shoulders, and year by year we are glad to say the Club has grown in popularity.

This is due partly to the kind offices of its President, Mr. W. H. Cross, partly to the cordial feelings which have always existed between the members, and partly to the excellent example of thoroughness and attention to details which was set by the early stage managers.

The Amateur Dramatic Club has risen, simply by hard work, to a prominent position among the recognised hospital institutions, and where we hope it will be maintained by the present and future members.

To give a complete account of its work for the twelve years of its existence would require more space than we have at our disposal, but a list of the plays presented at the annual Christmas entertainments may not be without interest:—

1883. "Little Toddlekins." "A Regular Fix."
1884. "He's a Lunatic." "The Critic."
1885. "The Secret Agent."
1886. "A Regular Fix." "The Post of Honour."
1887. "The Turned Head." "Comfortable Lodgings."
1888. "A Suit of Tweeds." "David Garrick."
1889. "The Heir at Law."
1890. "The Merchant of Venice." "The Critic."
1891. "Chiselling." "Vice Versâ."
1892. "The Duchess of Bayswater & Co." "Tom Cobb."
1893. "The Tinted Venus." "Engaged."
1894. "Freezing a Mother-in-Law." "Not Such a Fool as He Looks."

In addition to the above the Club has given two performances in St. George's Hall, one in 1891, when "On Guard," by W. S. Gilbert, was produced, the proceeds (over £50) being given to the Rebuilding Fund of the Royal Free Hospital, and the second in 1893, when "The Two Roses," by James Alberry, was played for the benefit of the Samaritan Fund of our own Hospital, to the trustees of which was handed between £70 and £80.

A performance set on foot in 1892 fell through owing to some misunderstanding with the authorities of the North London Hospital, for which it was to be given.

The Christmas entertainment of 1891 was taken by request to Brentwood Asylum, and that of 1892 was repeated at Swanley, and as a similar invitation has been received this year, an annual performance at our Convalescent Home bids fair to become an annual fixture.

The Inquest Room Entertainments have been very numerous, and at them many farces, recitations, and original sketches have been produced.

A short time since one of the very few who were opposed to the Club, expressed his opinion that the members of the Amateur Dramatic Club were only saved from the mischief that Satan finds for idle hands to do by rehearsing for the Christmas Entertainment.

We are happily in a position to refute this charge, for we have gone carefully through the careers of past members, and find that many of them now hold high positions both at our own and other hospitals, that gold medals, scholarships, and honours have by no means unfrequently been gained by our members, and that 95 % of the past members have qualified.

How much the efforts of the Club are appreciated by staff, nurses, patients, and guests, is amply shown by the crowded and enthusiastic attendance in our fine old hall at Christmas, and the kind way in which the Hospital authorities support the Club in their efforts outside the Hospital.

In conclusion, we would like to remind our readers that

the Club will extend a cordial welcome to all, of whatever year, who may like to join, and although parts in the larger entertainments cannot be given to everyone, yet the scope of the Club's work enables all the members to take some active part in the entertainments given throughout the year.

S. E. N.

Testimonial to Dr. Andrew.

A meeting of the subscribers to the testimonial to Dr. Andrew was held in the Great Hall of the Hospital at 3 o'clock, on January 29th, 1894. Sir Trevor Lawrence, Bart., Treasurer of the Hospital, presided, and amongst those present were Dr. Church, Mr. Smith, Mr. Cross, Dr. Shore, and the secretaries, Dr. West and Dr. F. W. Andrewes. Dr. Church, as treasurer to the fund, made a financial statement, which showed that a little over £300 had been subscribed. It was ultimately decided that the testimonial should take the form of a portrait, to be presented to the Hospital, and an executive committee, consisting of Dr. Church, Mr. Thomas Smith, Dr. Alder Smith, with Dr. West and Dr. Andrewes, was appointed to make the necessary arrangements for carrying this into effect. With a vote of thanks to Sir Trevor Lawrence, the proceedings terminated.

Notes.

WE beg to offer an apology to those subscribers who had to pay excess postage on the last Number of the JOURNAL. We had made arrangements that the Number should be under two ounces in weight, which was the case with most of the copies, but we were sorry to find that some were overweight, due to the printers using a different class of paper than that accepted. We have taken steps to prevent a like occurrence in the future.

* * *

WE understand that a movement is on foot amongst the members of the Musical Society to become a constituent institution of the Amalgamated Clubs.

* * *

AT a general meeting of the Smoking Concert Club, held on January 30th, it was unanimously resolved to approach the Amalgamated Clubs with a view to entering into the amalgamation, provided that a satisfactory agreement can be arrived at.

* * *

DR. LAUDER BRUNTON, F.R.S., will be the next Harveian Orator of the Royal College of Physicians.

* * *

DR. THORNE THORNE, C.B., F.R.S., and Dr. Lauder Brunton, F.R.S., have been elected to the Council of the Royal College of Physicians.

THE vacancy among the Crown nominees to the Senate of the University of London, created by the election of Lord Herschell as Chancellor, has been filled by the appointment of Sir W. S. Savory, Bart., as a Fellow of the University.

* * *

DR. A. A. KANTHACK has been appointed one of the Executive Committee of the Association for the Advancement of Medicine by Research.

* * *

THE General Council of the Royal British Nurses' Association has conferred the Princess Helena Gold Medal of Merit for Nurses upon Mrs. Bedford Fenwick, late Matron of St. Bartholomew's Hospital, in recognition of her services to the Corporation in the advancement of nursing in this country, and of the success with which she filled the position of President of the British Nursing Section at the World's Exhibition at Chicago.

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MR. W. KENT HUGHES has been appointed Medical Tutor to Trinity College, Melbourne. Since his arrival in Melbourne he has been Assistant Demonstrator of Anatomy to the Medical School there.

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WE are glad to hear that B. C. Green is looking extremely well after his voyage out to Australia. He is on his way to Sydney; we hope his present good health will continue.

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MR. T. H. FOULKES, I.M.S.C., has been moved from the Madras Presidency to Burmah.

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DR. J. W. PICKERING, late Assistant Demonstrator of Biology, has been elected to the George Henry Lewis Studentship in Physiology, vacated at Christmas by Dr. J. S. Edkins.

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DR. W. J. COLLINS has been placed on the roll of the Justices of the Peace for the County of London.

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DR. EDINGTON, Pathologist to the Government of the Cape of Good Hope, has been appointed Chief Officer of Health for the Colony, and has a seat on the Leprosy Commission just appointed by the Cape Government.

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MR. F. C. WALLIS, F.R.C.S., M.B. (Cantab), late Assistant Demonstrator of Anatomy, has been appointed Surgeon to the Orthopædic Department at Charing Cross Hospital.

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DR. W. H. R. RIVERS, whose appointment as Lecturer on Psycho-Physiology at Cambridge we announced in November, will lecture during the Lent term on the Physiology of Sensation in relation to Psychology.

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MR. EDWARD B. ORMEROD, M.R.C.S., L.S.A., has been appointed Surgeon to the *employés* of the Appantoo Gold Mining Company, Gold Coast, Africa.

MR. W. D. GIMSON, M.R.C.S., L.R.C.P., has been appointed Medical Officer for the Springfield and Boreham District of the Chelmsford Union.

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R. H. BREMRIDGE, B.A. (Oxon.), has been elected Senior Demy of Magdalen College, Oxford.

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MR. F. G. ENGLEBACH, M.R.C.S., L.R.C.P., has been appointed Medical Officer to the Newton Hampstead District of the Newton Abbot Union.

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MR. R. L. MEADE-KING, M.B. (Dur.), M.R.C.S., L.R.C.P., has been appointed Assistant House Surgeon to the Devon and Exeter Hospital.

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MR. G. C. TAYLOR, M.B., B.C. (Cantab.), has been elected House Surgeon to the Infirmary for Children, Liverpool.

* * *

MR. H. B. MAINGAY, M.R.C.S., L.R.C.P., has been appointed Assistant House Surgeon to the Scarborough Hospital and Dispensary, Scarborough.

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F. E. BATTEN, M.B. (Cantab), F. E. Biddlecombe, M.B. (Lond.), and F. W. Tunnicliffe, M.D. (Lond.), have been admitted to the membership of the Royal College of Physicians of London.

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W. F. OAKESHOTT, M.R.C.S., L.R.C.P., formerly Kirkes' Gold Medallist, has received the Diploma in Public Health of the Conjoint Board.

* * *

R. SEVESTRE has taken the degrees of M.A., M.B., and B.C. in the University of Cambridge.

* * *

W. B. ADDISON has taken the degrees of M.B. and B.C. in the University of Cambridge.

* * *

G. C. TAYLOR has taken the B.C. degree in the University of Cambridge.

* * *

H. C. C. DRING and H. K. Palmer have passed in Physiology at the primary L.S.A., and A. R. Mansell has passed in Anatomy at the same examination.

* * *

THE following have passed the first Conjoint in Elementary Anatomy: C. L. Francia, C. E. Hogan, C. G. Meade; and in Elementary Biology, C. L. Francia, B. S. O. Maunsell, and I. Ll. Morris.

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IN Chemistry of the first Conjoint, D. L. Beath, F. G. Gardner, P. O. Gruber, R. S. F. Hearn, B. S. O. Maunsell, C. C. Morgan, E. F. Palgrave, and C. G. Watson have passed.

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IN Materia Medica and Pharmacy, G. C. Hobbs, W. N. Barron, H. E. M. Baylis, F. G. Gardner, H. J. Godwin, J. E. Griffith, T. Hood, W. K. Hopkins, E. G. Klumpp, B. E. Laurence, and C. H. Wilmer, were successful.

AT the second Conjoint Examination in January, H. Allen, H. R. Ellis, E. H. B. Fox, B. Jones, H. L. Lambert, H. C. Manning, passed in both Anatomy and Physiology; J. J. Blagden, R. N. Geach, and H. K. Palmer passed in Anatomy; and H. J. Godwin, A. E. Hodgkins, H. G. McKinney, F. E. Meade, C. H. Prance, and A. Woollcombe passed in Physiology.

* * *

THE following Bart's men have been admitted to the M.R.C.S., and L.R.C.P., viz., F. E. A. Colby, C. G. Cory, E. B. Cutting, F. L. J. B. Dalby, E. E. Elliott, R. W. Fisher, E. C. Frend, A. C. Gurney, W. C. Hutley, E. Kennington, H. Kerswill, H. B. Meakin, W. H. Pollard, T. G. Wakeling, E. S. Winter, J. M. Wrangham, and W. Wyllys.

* * *

IN the list of those successful at the M.D. (Lond.) Examination published last month, the name "W. B. Addison" should have been "C. Addison."

A Prescription for Nurses.

℞ Extr. Liq.: Self-respect... ... ... fl ℥ i.
Tinct.: Implicit obedience ... ...
Tinct.: Cheerfulness ... ... } a.a. fl ℥ i.
Tinct.: Patience... ... ...
Ol.: Acute Observation ... ... ♏xxv.
Inf.: Tact Co. ... ... fl ℥ i.
Pur.: Pride in S.B.H., ad. ... ... fl ℥ i.
Fiat Haust. Omni Mane.
Pilula Simplex (Common Sense) ... gr ij.
Omni Noct.

To be taken regularly while digestion is imperfect, and the quantity may the increased according to the idiosyncrasy of the patient. Toxic symptoms need not be anticipated.

Its efficacy may be observed in the Sister's specimen case, where carefully-selected and unadulterated preparations are preserved by the Matron.

P. F. MADDEN.

Correspondence.

MEDICAL SOCIETIES.

SIR,—Hear, I pray, the humble cry of one of your readers who has been bored to extinction in the past, and will be bored again. Neither the cause nor the remedy has aught to do with your private or your official person, but you are a species of a "penny in the slot" institution, out of whom may come things good for your petitioner.

Anyone who reads the accounts given in the medical papers of the various learned societies connected with medicine, which hold their meetings in London, will probably envy the happy lot of those who reside within reach of such constant and varied instruction. In four weeks I counted twenty-eight such meetings. Our brethren at a distance may think that the only cross in an existence filled to overflowing with opportunities is the difficulty which sometimes arises of choosing between two erudite bodies announced to meet upon the same evening. We do not find that this is the view usually held by our enviable selves, and the scanty attendance at most of these gatherings is sufficient evidence that they are to be classed with our duties rather than with our pleasures. Nor do the members who are present evince that profound or

rapid wit which the variety of subjects, and the frequent opportunity of debate, might be expected to induce.

The proceedings are something after this fashion. A paper is read, and the author takes his seat. The chairman arises, and in a few well-chosen words announces his own entire ignorance of the subject, and his hope that others present may be more fitted than himself to deal with it. An awe-struck silence supervenes, broken after about five minutes by some young person, who timidly asks an unimportant question upon an unimportant point, prefacing his remarks by a modest disclaimer of his own competency to criticize the author, and ending by an apology for his question, which, he thinks, and he is generally right, may have been already answered in the paper read. After another five minutes the chairman clears his throat, and if this has no effect upon the audience, he, after a brief interval, calls upon the author to reply to the timid young person. This done, the subject is dropped, and every one is much the wiser. The only noise made during this exciting scene is produced by the members' boots, which they use to express relief at the close of the paper. This is not an exaggerated picture of many a meeting of our societies; and it becomes worth while to ask the reason, and, if possible, to suggest remedies for this absurd state of things.

In the first place, we in England suffer greatly from the absence of those excellent receptacles for waste matter which our Continental brethren possess in the innumerable medical publications with which they inundate a suffering world. Our young braves have no method of acquiring fame except the societies. There is nobody's Archiv or other periodical in which they can unburden their souls, or put their enemies to open shame. They must either read a paper before a society or be silent. Now silence is not only intolerable in itself (for it is only other men's silence that is golden), but is looked upon by their superiors as a sign of incapacity. But no young man, unless he be very wise indeed, likes to be thought a fool upon insufficient evidence. He is, therefore, anxious to supply the deficiency, and since clinical wisdom is not permitted to the young, he is obliged to rely upon original investigation. But Original Investigation (I am sure it deserves capitals) is much unfitted for discussion at a society. None can criticise, and few can understand it. It requires to be read in a thoughtful leisure, and its reasoning to be submitted to the test of further experience before the least use can be made of it. The delivery of such a paper in public is often a deliberate waste of time.

It is said, however, and this leads to a second point—that the societies require such material to fill their programme. But the meetings are far too many for any to be well attended; and if the number were considerably diminished the subjects could be, as they should be, chosen with a view to the elucidation of opinion. What is the use of holding a meeting upon a subject that no one can discuss?

There is not the slightest reason why the societies themselves should not accept two classes of contributions, of which the one should be suited for public discussion; the other should be circulated from time to time among the members, and both included when, and only when, deserving, in the transactions.

There, Sir, is my complaint. If you will help the suffering poor by printing it,

I shall ever remain, yours obediently,
YOUR PETITIONER.

Cases Worth Seeing.

SURGICAL.

President, 23, venous tumour of neck.
Lawrence, 30, tumour of chest wall.
Harley, 10, Charcot's disease ankle.
Harley, 19, Charcot's disease both knees.
Darker, 23, symmetrical gangrene ears and toes.

MEDICAL.

THE following cases are worth seeing in the medical wards:—

M. 44, John Ward, No. 12—? Cerebral syphilis.
M. 12, John Ward, No. 16—Optic neuritis of one eye only.
M. 38, Mark Ward, No. 21—Tabes dorsalis, gastric crises, perforating ulcer, and a club foot probably tabetic.
M. 52, Luke Ward, No. 24—Aneurysmal swelling in præcordium ? aneurysm of pulmonary artery.
F. 50, Elizabeth Ward, No. 22—Jaundice enlargement of liver and ? of gall-bladder ? cancer of pancreas.
F. 20, Elizabeth Ward, No. 27—Extreme albuminuric retinitis.
M. 10, Casualty Ward, No. 5—Recovery from meningitis occurring during typhoid fever.

Specimens added to the Museum during the Year 1893.

THE specimens illustrative of diseases, injuries, general pathology, microscopical morbid conditions, casts, photographs, and drawings, &c., which have been added during the year form a total of 119. A short heading is now added to each specimen on a small printed label, which is fixed to the inside of the bottle. It is hoped that this may save time in identifying the specimens without interfering in any way with the collection for teaching purposes. Similar labels are added to the old specimens as they require remounting from time to time.

Among the most interesting are the following:—

OSTEO-SARCOMA OF HUMERUS.

474*a*. The greater portion of a very large Osteo-Sarcoma which grew from the upper and inner part of the Right Humerus. The Bone and Tumour have been sawn through longitudinally, and the cut surface shows that the growth is of varying consistency; in places it is of bony hardness, but is soft and breaking down elsewhere. The greater part of the shaft is actually involved, though the outline of the anterior surface can be traced throughout; towards the upper and inner part is a well-defined hemispherical mass; this has existed for many years, and is excessively hard. Higher up and towards the axilla are a number of enlarged lymphatic glands, infected by and adherent to the primary growth.

It was removed by amputation at the shoulder joint, and a good recovery followed. The limb with the tumour weighed 33 lbs.

COLLOID CARCINOMA OF STERNUM.

510*b*. The Right Half of the upper end of a Sternum from which there grows a semi-globular Tumour, measuring nearly four inches in diameter; the cut surface shows that the whole thickness of the bone is uniformly involved; to the naked eye the tumour consists of bands of fibrous tissue, interspered with masses of colloid material. It projects mostly in an outward direction, but there is slight bulging of the inner surface of the bone; the skin is stretched and excoriated at one spot. It is probably secondary in origin, but the primary disease was not determined.

SARCOMA INVOLVING DORSAL VERTEBRÆ.

1132*a*.—Portions of the Last Cervical and Four Upper Dorsal Vertebræ. The bones have been sawn through longitudinally. The Body of the Second Dorsal Vertebræ is the part most affected, and as a result of the disease it has diminished to less than one-half of its thickness. The Tumour is homogeneous in section; a portion of it is also seen in the Neural Canal, where it has pressed upon and displaced the Spinal Cord. Microscopical examination showed that it was a Sarcoma.

From a man aged 46. Three months before death he first had pain in his back and loins; this increased rapidly, so that a month later he could not stand. He also suffered later on from difficulty in micturition and defæcation, and died from pneumonia. At the autopsy there was found a large mass in the posterior mediastinum, as well as the mass involving the vertebræ, to which the dura mater of the cord was adherent.

Received in exchange from the Royal Free Hospital.

OSTEITIS DEFORMANS.

72*a*.—A Portion of the Frontal Bone, illustrating very well the great Hypertrophy that occurs in Osteitis Deformans. On the cut surface the remains of the diploë can still be seen at an equal distance from the inner and outer tables, thus showing that the thickness has resulted from a deposition of new bone from both the inner and the outer Periosteum. The inner surface is marked by the depression of numerous blood-vessels, and the outer surface is pierced here and there by vessels of a larger calibre than usual, showing the great vascularity of the bone during life.

The clavicles, humeri, fermora, tibiæ, and fibulæ were all thickened, and their curves exaggerated. There was also some thickening and fixation of the vertebræ. Her height had diminished from 5 feet to 3 feet 9 inches. There was no malignant disease.

Presented by R. H. W. Wilbe, M.D.

(*To be continued.*)

Not the Head.

"Not the head!" 'Tis on a label
In that grim post-mortem room,
Tied around her slender ankle
To explain her early doom.

"Not the head!" And as I read it
Tears unbidden gently fall;
Sternly dashed away the moment
That they my attention call.

"Not the head!" And here my fancy
Sees the mother's tender care,
Thinks how much she must have loved her—
Loved that face so young and fair.

"Not the head!" The operator
Sacred holds the mother's prayer;
Earth should move its biggest mountains
E're he touched a single hair!

"Not the head!" And now 'tis over,
In her shroud the little dove
Still looks mild, and sweet, and gentle,
Tho' her spirit's flown above!

K.

Test Paper for those Entering for the Final College Exam.

1. Describe and enumerate the structures in relation with the heart in the mouth.

2. What is a blue funk? Give its pathology and differential diagnosis.

3. Give the symptoms, prognosis, diagnosis, and treatment of conjoint diarrhœa and polyuria.

4. What signs in the body of a man would lead you to suppose that he has recently been up for an examination?

5. Comment on the following symptoms, and give your treatment of the case:—

A man *æt.* 23, seen for the last three days to have become extremely restless, takes up a book, and after reading for five minutes throws it down, and stands talking in front of the fire, laughs loudly, but very suddenly becomes grave—suddenly propounds anatomical questions to his neighbour, and does not listen to his answer. Hands tremulous, voice rather husky.

Births.

PETERS.—Jan. 5, at Midhurst, the wife of Albert E. Peters, M.R.C.S., L.R.C.P., of a daughter.

NICHOLLS.—Jan. 9, at Monkland, Longton, Staffordshire, the wife of Hubert Nicholls, M.A., M.B., Cantab, M.R.C.S., of a son.

POWER.—Jan. 6th, at Bloomsbury Square, the wife of D'Arcy Power, M.A., M.B., F.R.C.S., of a son.

Marriage.

BARKER—HULKE.—Jan. 18, at S. John Baptist's, Kensington, by the Rev. Shirley Woolmer, vicar of Sidcup, Kent, assisted by the Rev. J. Barker, father of the bridegroom, and vicar of Havering, Essex, and the Rev. W. Spencer, vicar, John Collier Barker, M.R.C.S., L.R.C.P., of Elmhurst, Hampton Hill, Middlesex, to Mabel Backhouse, fourth daughter of the late F. T. Hulke, M.B., Lond., of Deal, and Mrs. F. T. Hulke, of 162, Holland Road, Kensington.

Notices of Meetings and Fixtures.

ABERNETHIAN SOCIETY.

Feb. 22—E. H. E. Stack, M.B., "Diseases of Animals."
March 1—J. A. Hayward, M.D., "Diphtheritic Sore-throat."
„ 8—C. H. Roberts, F.R.C.S., "The Present Position of Symphysotomy,"
„ 15—J. Morrison, M.R.C.S., "Medical Curiosities."

ATHLETICS.

RUGBY FOOTBALL, 1ST XV.

Feb. 17—Old Cheltonians, at Kensal Rise.
„ 24—Eastbourne, at Eastbourne.

ASSOCIATION FOOTBALL, 1ST XI.

Feb. 17—London Welsh, at Wormwood Scrubbs.
„ 21—
„ 24—Gravesend, at Gravesend.
„ 28—
Mar. 3—West Kent, at Chislehurst.
„ 7—Maidstone, at Maidstone.
„ 10—Ealing, at Wormwood Scrubbs.
„ 14—
„ 17—Dorking, at Dorking.
„ 21—
„ 24—Chiswick Park, at Chiswick.

ST. BARTHOLOMEW'S HOSPITAL SMOKING CONCERT CLUB.

Feb. 17—French Room, St. James' Restaurant, Piccadilly, W. Tickets one shilling each. Members are given one ticket to admit a friend. To be had from the Honorary Secretaries, P. W. G. Shelley and D. L. E. Bolton.

ST. BARTHOLOMEW'S HOSPITAL STUDENTS' CHRISTIAN ASSOCIATION.

MEETINGS: On Thursdays in the Inquest Room; tea and coffee 4.45 p.m., address 5 p.m.

Feb. 15—T. B. Miller, Esq.
„ 22—Rev. H. C. G. Moule, M.A., Ridley Hall, Cantab.
March 1—Missionary Meeting.
„ 8—Rev. G. F. Head, M.A.
„ 15—Rev. Prebendary Webb-Peploe, M.A.
„ 22—E. W. Groves, Esq., B.Sc. A Paper, entitled "Criticism and Compromise.'